

Mashantucket Pequot Tribal Nation



MPTN Primary Prevention Project

YEAR TWO - EVALUATION REPORT



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Executive Summary

The Mashantucket Pequot Tribal Nation (MPTN) was awarded a Substance Abuse and Mental Health Services Administration (SAMHSA) Strategic Prevention Framework (SPF) Partnerships for Success (PFS) grant on September 30, 2019. The MPTN Partnership for Success, subsequently named the MPTN Primary Prevention Project, was funded by the Center for Substance Abuse Prevention (CSAP) for a period of five years from September 2019 – September 2024.

The purpose of this MPTN Primary Prevention Project is to enhance the current prevention infrastructure by expanding the capacity to identify culturally appropriate evidence-based prevention programs, practices, and policies for Native American communities in southeastern Connecticut. The overarching goals of the project are to:

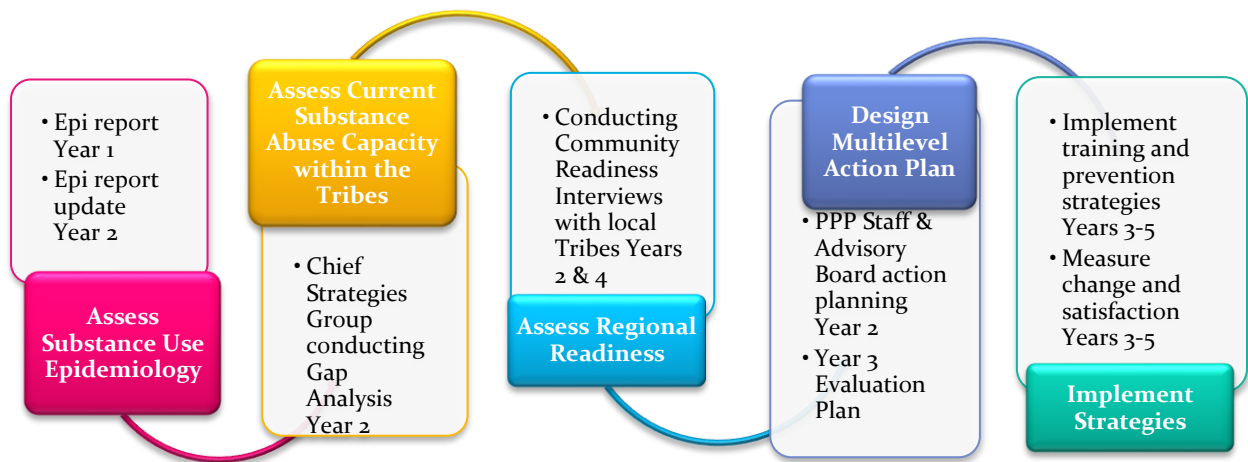
- ✚ Focus on primary prevention to build emotional health, prevent or delay onset and mitigate symptoms and complications from substance abuse and mental illness
- ✚ Prevent or reduce the consequences of underage drinking and adult problem drinking

The second year for this project with the help of an established Advisory Board the project staff and evaluation team were able to complete some of the tasks that were delayed during year one. The project continued to use technology and virtual communication strategies to engage key stakeholders and obtain critical input from the community. The MPTN Primary Prevention Project Year 2 evaluation accomplishments include:

- ✚ **Updated PPP Epidemiology Report** on youth substance use incorporated recently released Region 3 New London County data, Connecticut surveillance data and national data on Native American youth.
 - Findings: Marijuana and alcohol continued to be areas of concern along with increases in vaping.
 - Findings: Impact of Covid-19 pandemic on youth substance use: 1) increase in marijuana and alcohol use; 2) increased mental health difficulties and unemployment; 3) policy changes making substances more accessible to youth (e.g., home delivery, legalization of recreational marijuana for adults).

- ✦ Participated in regular **Advisory Board meetings**
- ✦ Participated in the completion of project's **Strategic Plan**
 - Findings: Strategic action plan developed based on high impact service gaps and measurable outcomes.
- ✦ Completed the **PPP Community Readiness Assessment Report**
 - Finding: the community is in a Pre-Planning Stage of Awareness – some community members have at least heard about local efforts but know little about them.
- ✦ Completed the project's **Year 3 Evaluation Plan Report**
- ✦ Submitted questions for **MPTN Community Needs Assessment** and reviewed findings

PPP Evaluation Framework -needs/data driven, culturally focused



RECOMMENDATIONS

- ✦ Increase efforts to raise awareness and engage community and organizational partners.
- ✦ Implement virtual and in-person prevention training.
- ✦ Collect ongoing Feedback data from Year 3 trainings

Background/Introduction

The MPTN Primary Prevention Project is located in New London County, Connecticut. The county has a population of 270,772, of which 7,034 individuals identify as American Indian/Alaska native (Race alone or in combination with one or more other races). It includes the rural communities that are home to three of the five Native American tribes in CT and the only two federally recognized tribes in the state. It is the most densely populated county of the state's 8 counties with Native American youth and families. There continue to be significant inequalities in income and poverty rates for Native American families in the target area. Poverty rates are more than double the New London County and State of Connecticut rates for the three major towns that have the highest concentration of Native American Families with at least one child between the ages of 9 and 20.

A needs assessment conducted in 2018 during the MPTN community convention prioritized mental illness and substance abuse as a top issue. The Youth Council conducted a survey with MPTN members between ages 13 and 18 years in which 83% identified underage drinking and marijuana use as the top issues they are facing. MPTN has a history of intertribal projects where the tribes work together on specific health issues, but a sustainable infrastructure to develop and implement effective programs has never been developed.

MPTN's Primary Prevention Project will use a universal prevention approach to enhance the current insufficient prevention infrastructure by expanding the capacity to identify current and emergent prevention populations and concerns and to address those concerns with culturally appropriate evidence-based programs, practices, and policies.

Evaluation Design and Methodology

The MPTN Primary Prevention Project evaluation uses the Strategic Prevention Framework in collaboration with Native American community members' "way of knowing" to assess how the program and partners enhance protective cultural factors and reduce risk factors.

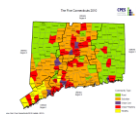
Performance Assessment – Data on partnership events, activities and services were obtained from initial bi-monthly and later monthly meetings with the Project Director. Performance data is tracked by the evaluation team using the Workplan Progress Document (Attachment A).

Outcome Evaluation – Data monitoring community changes and practices will be assessed using Advisory Board meeting minutes; online constituent surveys about the significance of the program and community changes; as well as the attainment of workplan goals.

Impact Evaluation – Data on changes in community level indicators –annual review of regional and tribal substance use/protective indicators.

Findings

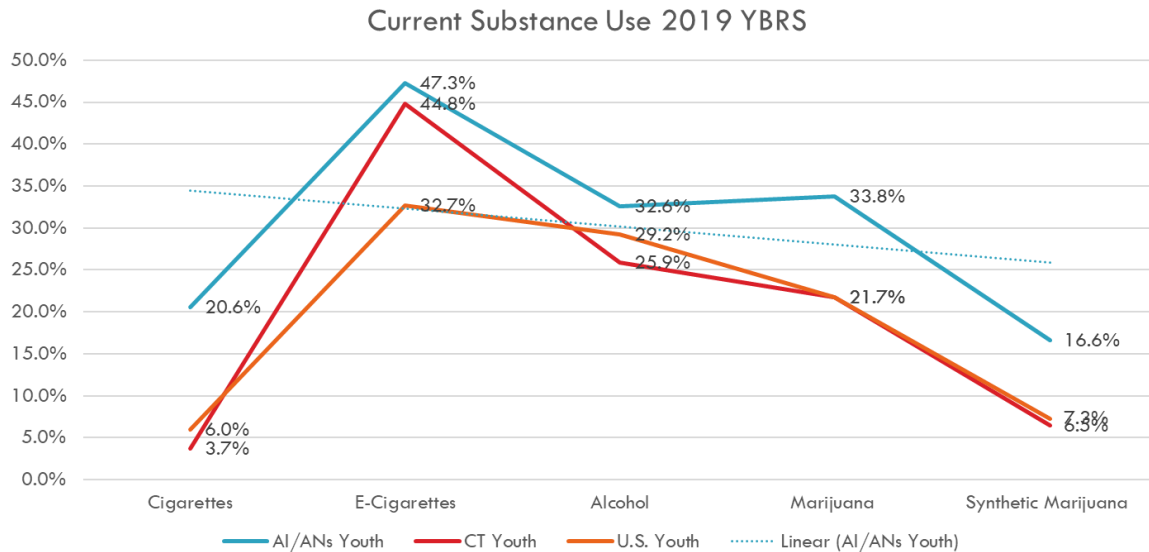
Updated PPP Epidemiology Report

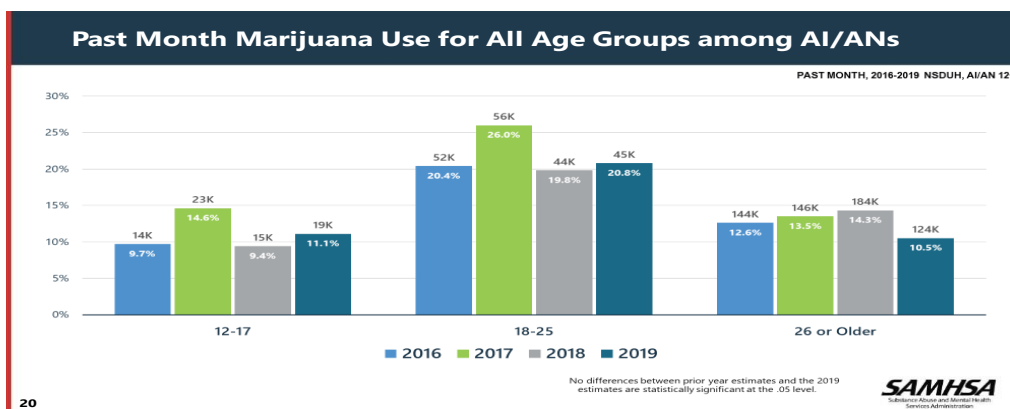
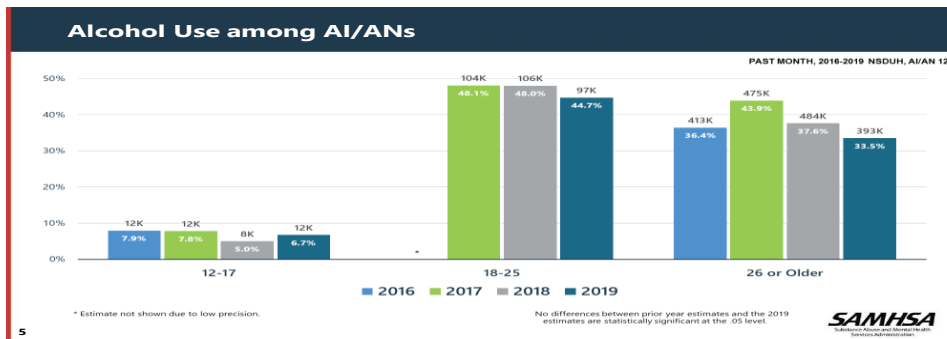


Map of CT - Region 3 (right side)

Connecticut Region 3 in a 2020 community needs assessment found problems of greatest concern continued to be: marijuana and e-cigarettes for the 12–17-year-old age group; and poly-substances (alcohol, marijuana, cocaine, opioids, prescription drugs). Areas of high priority continued to be mental health promotion treatment and recovery services as well as the emerging issue – *impact of covid-19 on individuals and families*. Unfortunately, state and region 3 does not separate out data for American Indian and Alaska Native AI/AN youth.

National data exists, the 2019 National Survey on Drug Use and Health Data published by SAMHSA in September 2020 show consistent high rates of use for AI/AN youth compared to Connecticut and US youth overall.





PPP Community Readiness Assessment Report

The Community Readiness Model is a widely used assessment framework used to show a community's level of readiness to undertake efforts of prevention. The model measures attitudes, knowledge, efforts and activities, and resources of community members and leadership to decide a community's readiness to address an issue. The model defines nine stages of readiness: 1) No awareness, 2) Denial/resistance, 3) Vague awareness, 4) Preplanning, 5) Preparation, 6) Initiation, 7) Stabilization 8) Confirmation/Expansion and 9) High Level of Community Ownership. Results from the analysis of the interviews show that the overall readiness stage within the community is the **Pre-planning Stage** of awareness. At this stage some members of community have an awareness of local efforts; however, their detailed knowledge about these efforts is limited.

"I feel like they know they're there, but I feel like sometimes they don't really know exactly what they can get out of the program"

"I don't know of any places so far for children who are dealing with substance abuse"

MPTN Community Needs Assessment 2021

The Mashantucket Tribal National conducted a community needs assessment in March 2021. **Eighty-eight percent of the adult participants felt that drugs/alcohol is a problem in the community.** Eight-six percent of the youth participants ages 12-17 felt that there was a great to mild need for behavioral health support for Native American youth. More specifically MPTN youth felt the covid-19 pandemic had: increased stress 87%; increased online/virtual activities/skills 93%; disrupted daily routines 80%; decreased extended family supports 60%; loss of family income 53% and death of friend/family member 53%.

Impact of COVID CT Youth substance use

Finding from a focus group with youth ages 12=20 years old completed by the CT Partnership for Success (n=134). Alcohol continued to be the most widely used substance, however, increases in marijuana use were reported. Youth also described increase substance use related to managing their psychological distress related to covid-19. CT Young Adult survey indicated a rise in alcohol use among the 18–25-year-old age group.

Policy changes also have a potential to impact youth substance use: e.g. alcohol delivery and pick up; recovery services delivered virtually using telehealth; legalization of recreational marijuana for adults in Connecticut; increased unemployment.

Limitations of these Findings

There are limitations to the epidemiology data collected by from state and local agencies. Although Native American youth make up 1-4% of the population in some districts, disaggregated data specific to Native American youth in the region is not available. Due to lags in epidemiology data being disseminated locally and nationally it is likely that updated 2020-2021 data will be impacted by the covid-19 pandemic. The focus group and survey data that we were able to collect in 2021 indicates that the pandemic will impact future data.

We were able to obtain data from national sources and directly from Native American communities in the region, however, this data cannot be generalized to other communities or specific tribal nations.

Conclusions

The MPTN Primary Prevention Project achieved many of its goals in Year 2.

- ✚ Revised project timeline with GPO approval and submitted required reports.
- ✚ Updated epidemiology data including recently released Region 3 New London County data, Connecticut surveillance data and national data on Native American youth.
- ✚ Established the Advisory Board, Project Name and Project Logo
- ✚ Established Primary Prevention Project Facebook Page (<https://www.facebook.com/PrimaryPreventionMPTN>)
- ✚ Completed the PPP Strategic Plan
- ✚ Completed the PPP Community Readiness Assessment
- ✚ Participation in MPTN Community Needs Assessment

The MPTN Primary Prevention Project, in the third year of the project would greatly benefit from being fully staffed.

Recommendations -The following recommendations are made to assist project staff efforts to enhance future prevention and education activities.

- ✚ Develop a follow-up needs assessment using the Community Readiness Model to understand the gaps in data regarding substance abuse prevention for Native American Youth/Young Adults in Southeastern CT.
- ✚ Continue to utilize the Region 3 CT SEOW workgroup to inform areas of need and report progress in meeting goals and objectives related to youth substance use.
- ✚ Conduct biannual SWOT analysis with the Native American Advisory Board and Youth Advisory Boards to determine:
 - Review Strategic Plan and Protective and risk factors that will be the focus of the project.
 - Universal prevention and evidence-based strategies/interventions that will address the specific protective and risk factors.
 - Culturally appropriate training to offer to the community.
- ✚ Hire staff to assist the Project Director with skills in community outreach and social media management.
- ✚ Develop community level prevention infrastructure capacity and implement virtual and in-person training based on the strategic plan focusing on the Center for Substance Abuse (CSAP 6) Preventions' Strategic 6:
 - *Information Dissemination* – characterized by one-way communication, particularly at tribal community events (social media, brochures, directories, public service announcements, posters, health fairs, etc.)
 - *Education* – characterized by two-way communication (webinars, phone calls, online chats, etc.)
 - *Alternative Activities* – that promote healthy activities and exclude risky activities (zoom DJ parties, talking circles, digital contests, etc.)
 - *Environmental* – establishing or changing written and unwritten community standards, codes, and attitudes (collaboration software, promoting policy reviews, etc.)
 - *Community Based Collaboration* – coalition building, collaborating to enhance the prevention infrastructure to make services more efficient and accessible.
 - *Problem Identification and Referral* – enhance the system of early identification of those at risk and confidential referrals using peer and community educators.

Attachment A – Updated PPP Epidemiology Report

Attachment B – PPP Community Readiness Assessment Report

Attachment C – Year 3 Evaluation Plan Report

References

Connecticut's Partnerships for Success (PFS) 2015 No Cost Extension Final Evaluation Report.

<http://preventionportal.ctdata.org/products/PFS%202015%20NCE%20Focus%20Group%20Final%20Report%202.11.21.pdf>

– <https://www.ctdata.org/covid-update>